

FINANCIAL AFFIDAVIT

CJA 23

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE REV. 1/90

IN UNITED STATES ☒ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)
IN THE CASE OF

US vs. SKROBOT

FOR
NDIL
AT
CHICAGO

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

Alonzo Brazier

CHARGE/OFFENSE (describe if applicable & specify statute)

18 U.S.C. 1341

FILED
2-14-08
FEB 14 2008
MAGISTRATE JUDGE
GERALDINE SOAT BROWN
UNITED STATES DISTRICT COURT

- 1 ☒ Defendant—Adult
 2 ☐ Defendant—Juvenile
 3 ☐ Appellant
 4 ☐ Probation Violator
 5 ☐ Parole Violator
 6 ☐ Habeas Petitioner
 7 ☐ 2255 Petitioner
 8 ☐ Material Witness
 9 ☐ Other (Specify)

DOCKET NUMBERS

Magistrate

District Court

08 CR 107-17

Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self Employed		WASHINGTON 8030 S CHICAGO
		Name and address of employer: ON TIME COURIER 13247 W. SUNNYSIDE PRESSED STEEL AVE.		
		IF YES, how much do you earn per month? \$ 2000.00	IF NO, give month and year of last employment	
		If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If a minor under age 21, what is your Parents or Guardian's approximate monthly income \$	
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	RECEIVED	SOURCES	
CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$			
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	IF YES, GIVE VALUE AND \$ DESCRIBE IT	VALUE	DESCRIPTION	
		2500	1995 OLDS SILVERETTE	
DEPENDENTS	MARITAL STATUS		Total No. of Dependents	
	<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED		2	
DEBTS & MONTHLY BILLS	APARTMENT RENT OR HOME: \$		Credit	Monthly Payt.
	CAR OLDS		\$ 3200	\$ 432
	STUDENT LOANS		\$ 2998	\$ 320
	UTILITIES CELL PHONE		\$	\$ 220
			\$	\$

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

I certify the above to be correct.

Alonzo Brazier

02/14/08

WARNING: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS AFFIDAVIT MAY BE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH.